

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90056 050 ****61.25

DOCUMENT # N98000005066



1. Entity Name
**GLOBAL NETWORK AGAINST WEAPONS AND NUCLEAR
POWER IN SPACE, INC.**

Principal Place of Business
**2 FOREST TERR
BRUNSWICK, ME 04011**

Mailing Address
**PO BOX 652
BRUNSWICK, ME 04011**

50005051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3532282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NETZER, JULIE
923-C NE 3RD AVE
GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GROSSMAN, KARL | |
| STREET ADDRESS | P.O. BOX 1680 | |
| CITY - ST - ZIP | SAG HARBOR, NY 11963 | |
| TITLE | SM | <input type="checkbox"/> Delete |
| NAME | GAGNON, BRUCE K | |
| STREET ADDRESS | 507 NW 39TH RD #123 | |
| CITY - ST - ZIP | GAINESVILLE, FL 32607 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WEBB, DAVE | |
| STREET ADDRESS | 2 GROVE LANE | |
| CITY - ST - ZIP | LEEDS, EN | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | HAGEN, REGINA | |
| STREET ADDRESS | TEICHHAUSSTRASSE 46 | |
| CITY - ST - ZIP | DARMSTADT, GR | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KAKU, MICHIO | |
| STREET ADDRESS | 138TH ST & CONVENT AVE | |
| CITY - ST - ZIP | NEW YORK, NY 10031 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | SM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gagnon, Bruce K | |
| STREET ADDRESS | 2 Forest Terr | |
| CITY - ST - ZIP | BRUNSWICK, ME 04011 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BK Gagnon **Bruce K. Gagnon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scty **1-17-05** **207-729-0517**
Date Daytime Phone #